

VA ON-THE-JOB TRAINING & APPRECTICESHIP APPLICATION HANDBOOK



*A guide for employers
or trainees seeking
approval of their
training program(s) for
VA educational
benefits.*

Provided by:

The South Dakota Division of Veterans Affairs

and

State Approving Agency

It may be possible for **your employee** to receive their “GI Bill” benefits while they are receiving training at your business. They could receive a monthly training allowance from the Veteran’s Administration for a full-time on-the-job training program, if approved by the South Dakota State Approving Agency.

Requirements for approval of an On-The-Job/Apprenticeship Training program:



- Must be **entry level** of training for a specific job objective. Entry level meaning that no previous experience or education is required for the position. For example, mechanic, carpenter, police officer, etc. Laborer, gas station attendant and similar positions cannot be approved.
- Wages are to be **paid by a set salary schedule** and **not by commission**. There must be at least one increase in wages during the length of the training period.
- Training position must be under **direct or immediate supervision**.
- The length of the training program must be at least **6** months, but not more than **24** months, unless it qualifies for approval as an apprenticeship program.



If you feel that your program is eligible for approval, and your employee is eligible, then contact:

*State Approving Agency
Veterans Educational Programs
SD Division of Veterans Affairs
425 East Capitol
Pierre, South Dakota 57501-5070
(605) 773-4981*

Is the Trainee eligible?

VETERANS:

- Must be less than **10 years** from date of discharge from active duty.
- Veterans, who are eligible for benefits, can use them for On-The-Job Training, if employed and **being trained** for the job.
- May be some exceptions from the above:
 - Dependents of veterans
 - Medical reasons
 - Delimiting date extension

NATIONAL GUARD AND RESERVISTS:

- Must have a total of **6 years** obligation after October 1, 1990.
- Contact local Unit Administrator to determine eligibility.
- Guard/Reservist needs to be a member in good standing to retain eligibility.
- Guard/Reservist must use benefits **within 14 years** of established date of basic eligibility, if the beginning date was on or after October 1, 1992; the individual has 10 years to use benefits if the beginning date was before October 1, 1992.

RESERVE EDUCATIONAL ASSISTANCE PROGRAM:

- Served on active duty on or after September 11, 2001 under Title 10 U.S. Code for a contingency operation and who served at least 90 consecutive days or more.
- Benefits terminate if the individual leaves the National Guard or Selected Reserve.

DEPENDENTS AND SURVIVORS:

- Dependents/Survivors of veterans who died of a service-connected disability or are rate at 100%.
- Spouse generally has **10 years** to use benefits and children generally have **8 years** or **until age 26** with some exceptions

Eligible veterans, National Guard, reservists, dependents or survivors can receive their GI Benefits in addition to their salary when enrolled in a firm's approved training program.

The State approves the program, the local Unit Administrator determines the National Guard or Reservist's eligibility, and the Department of Defense determines the veteran's eligibility, the Veterans Administration determines the eligibility for dependents/survivors, and the Veterans Administration pays the benefits.

IMPORTANT

TO: Firms/businesses seeking approval for On-The-Job or Apprentice Training.

FROM: State Approving Agency
SD Division of Veterans Affairs
425 East Capitol
Pierre, SD 57501-5070
Phone#: 605-773-4981
Fax#: 605-773-5380

SUBJECT: Procedures for approval for On-the-Job Training programs.

- **Approval Visit.** As a part of the approval criteria, a representative from the State Approving Agency must visit with each business before a program can be approved. They will assist you to:
 - Complete an application
 - Complete VA Form 22-8794 -- "Designation of Certifying Official(s)"
 - Verify name(s) of trainee(s) and the date(s) of their employment, and
 - Verify trainee(s) social security number(s) and previous education/experience.
- ***If approved, your firm will receive an approval packet which will include:***
 - Letter of approval
 - Copy of approved application
 - Copy of VA Form 22-8794 -- "Designation of Certifying Official(s)"
 - 4 copies of the training agreement
 - Master monthly and three month work record report
 - VA Form 22-1999 -- "Enrollment Certification"
 - Records Agreement
- ***Application for benefits:***

The trainee must then contact the local Veterans Service Officer for instructions on what is necessary to make application for benefits.

The following “**Application for Approval On-The-Job Training Program**”, uses the job objective of “**Mechanic**” as an example.

Guidelines for completing the OJT Application:

Section I, Part 1, A: This is the job for which your employee is being trained. In this example it is for “**Mechanic.**” (The number is a DOT designation that will be supplied by SAA personnel.)

- B. This is a brief description or explanation of the job objective. This further describes and defines “**Mechanic.**”
- C. This is the length of the training program or the time necessary to train an employee, with little or no experience, to the level of expertise described in B above. This cannot be less than 6 months or more than 24 months, based on a 40 hour work week. Vacations or holidays are not calculated when totaling the length of the program.
- D. Training Schedule.
 - 1. **Tasks:** These are the specific areas of the training program. For example, this mechanic will be required to weld, spending approximately 1/10th of the time welding, in both electric and gas. These task areas should be broad enough to encompass the job description yet general enough to describe the job objective in 10 areas or less.
 - 2. **Hours Assigned:** The estimated hours to be spent in each area over the entire length of the program.

STATE APPROVING AGENCY FOR ON-THE-JOB TRAINING
Veteran's Readjustment Benefit Acts of 1966 and 1967
Ch. 30, 32, 34, 35, and 36, Title 38, and Ch. 1606 Title 10, U.S. Code
SOUTH DAKOTA DIVISION OF VETERANS AFFAIRS
425 EAST CAPITOL
PIERRE, SOUTH DAKOTA 57501-5070

**APPLICATION FOR APPROVAL
ON-THE-JOB TRAINING PROGRAM**

John Doe's Garage

Name of Firm

Main Street, Anywhere, SD 57000

Address of Firm

Hereby applies for approval to train students under Title 38 and 10, U.S. Code, for the following courses in
On-The-Job Training.

PART I DESCRIPTION OF ON-THE-JOB TRAINING PROGRAM

A. Title of the specific job objective for which the trainee is to be trained:
Mechanic DOT Code 620.261-022

B. Description of the specific job objective for which the trainee is to be trained:
To overhaul, repair, and maintain automobiles, trucks and farm related equipment.

C. Length of: Training Period 24 mos. Average work week 40 hours.

D. Training Schedule:

1. Tasks

2. Hours Assigned

A	Arc and Acetylene Welding	Hours	400
B	Diesel Engine Repair and Maintenance	Hours	800
C	Electrical Repair and Maintenance	Hours	275
D	Hydraulic Repair and Maintenance	Hours	700
E	Maintenance of Equipment	Hours	275
F	Power Train Repair and Maintenance	Hours	700
G	Removing and Replacing Parts	Hours	600
H	Safety Procedures	Hours	50
I	Shop Procedures	Hours	200
J		Hours	
K		Hours	

- E. **Proposed wage schedule:** This is the proposed (estimated) salary schedule for the entire length of the program. Use as many pay periods as it is necessary to total the length of the entire program. Indicate how the trainee is to be paid, i.e. the rate "per mo.; per wk.; or per hr. Program regulations require:
- The beginning salary must be at least the **minimum wage** and at least **50%** of the ending wage or the rate paid to employees already trained for this position.
 - At least **one pay** increase during the training program. The last pay rate must be within **85%** of the rate paid to employees already trained. (The 85% regulation does not apply to local, state or federal governments.)
 - An ending, trained or a journeyman's rate (see part B below).
- F. This section is to indicate if there is other training or schooling offered in addition to the regularly scheduled on-the-job training.
- G. The person who will be directly training/supervising the trainee.

PART II

1. General Information
- A. The type of training establishment may be "**Public**", "**Private Profit**", or "**Private Nonprofit**".
- B. The **work record** forms are furnished by the State Approving Agency and are to be maintained by the trainee on the program. They are to be reviewed by the supervisor and kept on file at the firm (see examples on the following pages).
- C. The journeyman's or the **trained wage** to be paid to the trainee when he/she has finished with the program. This must be more than the last pay period in Section E. The last pay period in Section E must be at least 85% of this rate. For example, if the trained rate is \$10.00 per hour, then the last wage rate must be at least \$8.50 hour. (The 85% regulation does not apply to local, state or federal governments.)
- D. Either a **Certificate of Completion** form (furnished by the State Approving Agency) or a letter of recommendation (provided by the firm) can be used.
- E. Will the trainee **have the job** for which they are being trained when they have completed the program?
- F. The **starting salary** for veterans/guardsmen and for non-veterans must be the same. The starting salary must be at least half of what they will receive when finished with the program. There must be at least one pay increase during the program and the last salary on the schedule must be at least 85% of what they will receive when the program is completed.

E. Proposed Wage Schedule: (Use as many pay periods as necessary.)

1 st period of	<u>6</u>	months,		per mo.;		bi. wk.;		wk;	<u>\$7.00</u>	per hr.
2 nd period of	<u>6</u>	months,		per mo.;		bi. wk.;		wk;	<u>\$7.50</u>	per hr.
3 rd period of	<u>6</u>	months,		per mo.;		bi. wk.;		wk;	<u>\$8.00</u>	per hr.
4 th period of	<u>6</u>	months,		per mo.;		bi. wk.;		wk;	<u>\$8.50</u>	per hr.
5 th period of		months,		per mo.;		bi. wk.;		wk;		per hr.
6 th period of		months,		per mo.;		bi. wk.;		wk;		per hr.
7 th period of		months,		per mo.;		bi. wk.;		wk;		per hr.
8 th period of		months,		per mo.;		bi. wk.;		wk;		per hr.

F. What provisions are made for supplemental, related training required?

Workshops and seminars when available and continuous in-service training.

How many hours of supplemental related instruction are required annually? 40 hours

G. Supervision of Trainee by:

Name: John Doe Title: Owner
Business Address: Main Street, Anywhere, SD 57000
Business Phone Number: (605) 123-4567 Fax: (605) 123-9876
Email: _____

PART II GENERAL INFORMATION

A. Type of training establishment: ☐ Public ☒ Private Profit ☐ Private Nonprofit

B. Will a current and complete record of the progress and ability of each trainee be maintained?

Yes

C. What is the initial wage rate or salary paid by your firm to employees already trained for this job?

\$9.00 per hour

D. Will you grant the trainee a certificate of completion at the successful conclusion of this program?

Yes

E. Is there reasonable assurance there will be a job available for the trainee, in the field in which he/she is being trained with your firm, upon completion of the training program?

Yes

F. Wages need to be paid by set salary, not by commission. Do you agree that the wages paid the trainees upon entrance into training:
will not be less than wages paid non-veterans in the same training position; and
will be at least 50 percent of the wages paid for the job for which trainee is to be trained; and
will be increased in regular periodic increments until, not later than the last full month of the scheduled training period, they will be at least 85 percent of the wages paid for the job for which the trainee is being trained?

Yes

THE CERTIFICATE PAGE

This page is to be completed and signed by an ***authorized representative*** for the business or company.

Be sure to read items 1, 2, 3 and 4.

CERTIFICATE

I, John Q. Doe certify that I am the
Owner (Title) of the firm named
as the applicant herein; that said application was duly signed for and on behalf of said firm by
authority of this governing board and is within the scope of its corporate powers.

My signature herein indicates that:

1. The firm's training facilities and records relating to the On-The-Job Training Program will be readily open to inspection by authorized representatives of the South Dakota State Approving Agency and the Veterans Administration.
2. I will report to the South Dakota State Approving Agency any significant changes in the information submitted.
3. Records of monthly training hours and salary payments will be maintained at this location until three years after the trainee has completed training.
4. The foregoing is true and correct.

IN WITNESS WHEREOF, I have hereunto affixed my hand and the seal of said firm this
5th day of March, 2008.

(CORPORATE SEAL, IF AVAILABLE)

John Q. Doe

Signature of above-named individual

Owner

Title

TO BE COMPLETED BY THE STATE APPROVING AGENCY

The above application is hereby approved to be effective as of March 5, 2008
under the provisions of the Veteran's Readjustment Benefit Acts of 1966 and 1967,
Ch. 30, 32, 34, 35 and 36, Title 38, and Ch. 106, Title 10, U.S. Code (Public Law 89-358 and
Public Law 90-77).

Ryan Fowler

Signature

Education Representative

Title

Division of Veterans Affairs
State Approving Agency

November 5, 2009

Date of Signature

DESIGNATION OF CERTIFYING OFFICIAL(S)

VA Form 22-8794

This form provides to the VA and the State Approving Agency, those signatures of the firm's officials which should be accepted on documents sent to the Veterans Administration and the State.

Submit this form with the original application to the State Approving Agency.



DESIGNATION OF CERTIFYING OFFICIAL(S)

GENERAL INSTRUCTIONS

1. This form MUST ONLY be completed by a responsible official with the authority to designate certifying officials for the school or training establishment.
2. This form must be completed whenever there is a change in any of the information. Include the names, titles, and signatures of all certifying officials, not just the changed information.

SPECIFIC INSTRUCTIONS

1. Item 1: Enter the complete name and address of the school or training establishment.
2. Item 2: Enter the certifying official's telephone number.
3. Item 3: Enter the certifying official's fax number.
4. Item 4: Enter the certifying official's e-mail address. As an alternative, you may enter the e-mail address for the office where the certifying official works.
5. Item 5A: Enter the complete name and title for each designated certifying official. Have each person sign the form on the same line as his or her name and title. If any of the certifying officials have limited jurisdiction, note such limitations in Item 6, "Remarks". Use space below if needed.
6. Item 5B: If facsimile (e.g., rubber stamp) signatures will be used for any certifying officials, enter a sample in the appropriate block. In addition, have the individual initial next to the sample.
7. Item 5C: If veterans and other eligible persons will be claiming individualized tutorial assistance, complete these blocks.
8. Items 7 and 8: Sign and date the form. The person signing the form must be a person of significant authority, i.e., registrar, academic dean, or higher.

PURPOSE: This form is used to provide the names and signatures of those individuals who are authorized to certify enrollment information to the Department of Veterans Affairs.

1. NAME AND ADDRESS OF SCHOOL OR TRAINING ESTABLISHMENT (Include ZIP Code)

John Doe's Garage
Main Street
Anywhere, SD 57000

FOR VA USE ONLY

2. TELEPHONE NUMBER(S) OF CERTIFYING OFFICIAL(S) (Include Area Code)

(605) 123-4567

3. FAX NUMBER OF CERTIFYING OFFICIAL(S) (Include Area Code)

(605) 123-7890

4. E-MAIL ADDRESS OF CERTIFYING OFFICIAL(S)

john.doe@jdgarage.com

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT

A. OFFICIALS DESIGNATED TO SIGN VA ENROLLMENT CERTIFICATIONS, CERTIFICATIONS OF CHANGE IN STUDENT STATUS, CERTIFICATIONS OF DELIVERY OF ADVANCE PAYMENTS, CERTIFICATIONS OF PURSUIT, ATTENDANCE, FLIGHT TRAINING, ON-THE-JOB OR APPRENTICESHIP TRAINING (AS APPLICABLE), OTHER CERTIFICATIONS OF ENROLLMENT ARE:

NO.	NAME	TITLE	SIGNATURE
(1)	John Q. Doe	Owner	<i>John Q. Doe</i>
(2)	Bill Fixem	Shop Foreman	<i>Bill Fixem</i>
(3)			
(4)			

B. THE USE OF THE FOLLOWING FACSIMILE (e.g., rubber stamp) SIGNATURES FOR THE OFFICIALS LISTED IN ITEM 5A ABOVE ARE AUTHORIZED.

(1)		(2)	
(3)		(4)	

5. THE FOLLOWING ARE DESIGNATED AS CERTIFYING OFFICIALS OF THIS SCHOOL OR TRAINING ESTABLISHMENT (Continued)			
C. FOR POSTSECONDARY EDUCATIONAL INSTITUTIONS ONLY - OFFICIALS DESIGNATED TO SIGN THE SCHOOL PORTION OF VA FORM 22-1990T, APPLICATION AND ENROLLMENT CERTIFICATION FOR INDIVIDUALIZED TUTORIAL ASSISTANCE ARE:			
NO.	NAME	TITLE	SIGNATURE
(1)			
(2)			
(3)			
6. REMARKS			
It is hereby certified that the Department of Veterans Affairs will be notified of any changes in the designations shown on this form as they occur.			
7. SIGNATURE AND TITLE OF DESIGNATING OFFICIAL <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> <i>John Z. Doe</i> Owner </div> <div style="text-align: center;"> 8. DATE March 5, 2006 </div> </div>			
PENALTY - The law provides that whoever makes any statement of a material fact knowing it to be false shall be punished by fine or imprisonment or both.			
Privacy Act Notice: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 5, Code of Federal Regulations 1.526 for routine uses as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, and published in the Federal Register. An example of a routine use is allowing VA to send educational forms or letters with a veteran's identifying information to the veteran's school or training establishment to (1) assist the veteran in the completion of claims forms or (2) for VA to obtain further information as may be necessary from the school for VA to properly process the veteran's education claim or to monitor his or her progress during training. Your obligation to respond is required to obtain or retain benefits. VA cannot recognize you as the proper certifying official unless the information is furnished as required by existing law (38 U.S.C. 3680(g)). The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted by applicants, recipients, and others is subject to verification through computer matching programs with other agencies.			
Important Notice About Information Collection: We need this information to identify you as the certifying official for your school or job training establishment when reporting pursuit of training for veterans and other eligible persons (38 U.S.C. 3684). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 10 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/library/omb/OMBINVC.html#VA . If desired, you can call 1-888-GI-BILL-1 (1-888-442-4551) to get information on where to send comments or suggestions about this form.			

The ***application*** for approval for on-the-job training is now complete.

When submitting this application, be sure to indicate the trainee's ***name***, employment ***beginning*** date, the ***social security number*** and ***starting wage***.

It is possible for the State Approving Agency to backdate a program as much as ***12 months***, making it possible for a veteran to be paid benefits retroactively.

THE TRAINING AGREEMENT

The training agreement is an agreement ***between*** the employer and the trainee. It indicates what the training will involve and what the salary will be for that period of time.

The training agreement will be ***provided*** by the State Approving Agency. The VA requires a copy of the signed training agreement when the trainee applies for their educational benefits.

This agreement is neither a work contract nor a binding employment agreement.

TRAINING AGREEMENT FOR ON-THE JOB TRAINING

This is an agreement between : Vincent V. Veteran (employee)
and John Doe's Garage, Main Street, Anywhere, SD 57000 (employer)
for an On-The-Job Training Program for the period from 3/5/08 to 3/4/10
as per the Application for Approval presented to the State Approving Agency
(South Dakota Division of Veterans Affairs).

JOB OBJECTIVE: *Mechanic*

TRAINING TASKS:

HOURS TO COMPLETE

Arc and Acetylene Welding	400
Diesel Engine Repair and Maintenance	800
Electrical Repair and Maintenance	275
Hydraulic Repair and Maintenance	700
Maintenance of Equipment	275
Power Train Repair and Maintenance	700
Removing and Replacing Parts	600
Safety Procedures	50
Shop Procedures	200

WAGE SCHEDULE: (Contingent upon satisfactory progress)

1st period of	<u>6</u>	mo.,	<u> </u>	per mo.,	<u> </u>	bi-wk.,	<u> </u>	per wk.,	<u>\$7.00</u>	per hr.
2nd period of	<u>6</u>	mo.,	<u> </u>	per mo.,	<u> </u>	bi-wk.,	<u> </u>	per wk.,	<u>\$7.50</u>	per hr.
3rd period of	<u>6</u>	mo.,	<u> </u>	per mo.,	<u> </u>	bi-wk.,	<u> </u>	per wk.,	<u>\$8.00</u>	per hr.
4th period of	<u>6</u>	mo.,	<u> </u>	per mo.,	<u> </u>	bi-wk.,	<u> </u>	per wk.,	<u>\$8.50</u>	per hr.
5th period of	<u> </u>	mo.,	<u> </u>	per mo.,	<u> </u>	bi-wk.,	<u> </u>	per wk.,	<u> </u>	per hr.
6th period of	<u> </u>	mo.,	<u> </u>	per mo.,	<u> </u>	bi-wk.,	<u> </u>	per wk.,	<u> </u>	per hr.
7th period of	<u> </u>	mo.,	<u> </u>	per mo.,	<u> </u>	bi-wk.,	<u> </u>	per wk.,	<u> </u>	per hr.
8th period of	<u> </u>	mo.,	<u> </u>	per mo.,	<u> </u>	bi-wk.,	<u> </u>	per wk.,	<u> </u>	per hr.

Vincent V. Veteran

John Z. Doe

Employee --Signature

Employer -- Signature

444-33-7777

3/5/08

Social Security Number

Date

WORK RECORD FORMS

(Monthly)

These forms are supplied by the State Approving Agency but are to be completed as the program progresses, by the trainee. They are to be reviewed by the supervisor and kept on file at the firm. **Work records must be maintained for at least 3 years after termination/completion of training.**

Compliance of VA regulations relating to progress is met through the maintenance of these records. **Failure to maintain work records may result in the trainee losing his/her benefits or the withdrawal of State Approving Agency approval.**

Only actual program hours worked will be certified to the Veterans Administration. **Examples of hours not eligible are: sick leave, vacation, overtime and military leave.**

The monthly work records are **kept** on file at the firm.

ON-THE-JOB MONTHLY WORK RECORD

Firm Name: John Doe's Garage Address: Main Street, Anywhere, SD 57000
 Trainee: Vincent V. Veteran Effective Date: 3/5/08
 Job Objective: Mechanic Regular Work Week 40

	Training Schedule	Hours Assigned	This Month Hours	Previous Total	Total To Date
A	Arc and Acetylene Welding	400	10	50	60
B	Diesel Engine Repair and Maintenance	800	29	100	129
C	Electronic Repair and Maintenance	275	12	25	37
D	Hydraulic Repair and Maintenance	700	49	100	149
E	Maintenance of Equipment	275	8	25	33
F	Power Train Repair and Maintenance	700	49	100	149
G	Removing and Replacing Parts	600	11	100	111
H	Safety Procedures	50	4	1	5
I	Shop Procedures	200	4	15	19
J					
K					

Supervisor's Signature John Z. Doe Month March Year 2008

(Record number of hours worked daily at each task)

Date	Week Day	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Wed.					1	6		1								
2	Thurs.		2		2		4										
3	Fri.		1	1	3		3										
4	Sat.																
5	Sun.																
6	Mon.	1	2	2		2		1									
7	Tues.						5	2		1							
8	Wed.	1			6			1									
9	Thurs.	1		2	3	1				1							
10	Fri.				6	1				1							
11	Sat.																
12	Sun.																
13	Mon.				6		2										
14	Tues.		6					2									
15	Wed.		6				2										
16	Thurs.			4		2			2								
17	Fri.	4	1		1		1			1							
18	Sat.																
19	Sun.																
20	Mon.						8										
21	Tues.				4		4										
22	Wed.				6			2									
23	Thurs.	1			5			2									
24	Fri.	2	2	2		1			1								
25	Sat.																
26	Sun.																
27	Mon.		1		3		4										
28	Tues.		4		2		2										
29	Wed.		4	1			2	1									
30	Thurs.				2		6										
31																	
TOTAL FOR MONTH																	

The monthly work record is to be kept on file at the firm.

WORK RECORD FORMS

(Three Month Report)

This form is supplied by the State Approving Agency and is to be **completed by the trainee** and submitted to the State Approving Agency in Pierre on a **quarterly basis**. This form is completed to show the accumulated hours worked to date and provides our office with a method of monitoring the trainee's progress.

Remember--the three month reports are to be mailed to the State Approving Agency in Pierre, address follows:

***State Approving Agency
SD Division of Veterans Affairs
425 East Capitol
Pierre, SD 57501-5070***

Be sure to retain a copy of this report with the trainee's records.

THREE MONTH REPORT

ON - THE - JOB TRAINING WORK RECORD

Firm: John Doe's Garage Address: Main Street, Anywhere, SD 57000
Trainee: Vincent V. Veteran Effective Date: 3/5/2003
Job Objective: Mechanic Regular Work Week: 40
This report covers the period from 3-5-08 to 6-30-08
(Date) (Date)

	TASKS	HOURS ASSIGNED	TOTAL HRS. TO DATE
A	Arc and Acetylene Welding	400	60
B	Diesel Engine Repair and Maintenance	800	129
C	Electrical Repair and Maintenance	275	37
D	Hydraulic Repair and Maintenance	700	149
E	Maintenance of Equipment	275	33
F	Power Train Repair and Maintenance	700	149
G	Removing and Replacing Parts	600	111
H	Safety Procedures	50	5
I	Shop Procedures	200	19
J			
GRAND TOTAL TO DATE:			692

INSTRUCTIONS

At the end of each three month working period, please complete and return this report to the State Approving Agency, South Dakota Division of Veterans Affairs, c/o 500 East Capitol, Pierre, South Dakota 57501-5070. This form is to be completed from the employee's monthly work record.

Keep a copy of this completed form in the firm's file and send a copy to SAA.

THE RECORDS AGREEMENT

The records agreement is an agreement that states the applicant acknowledges that he/she is responsible for the following:

- Proper accounting and filing of monthly work records
- Proper accounting and filing of the three month reports
- A photocopy of the original enrollment certification and copies of monthly certifications must be filed in the firm's program file
- The firm's program file is not to be removed from the firm should the trainee terminate or complete the program.
- The file is to be kept at the firm for three years after completion or termination of the training program.
- Trainee will report to the South Dakota State Approving Agency any changes that would affect his/her status.
- Only **actual program hours worked** will be certified to the Veterans Administration. Examples of **hours not eligible** are: sick leave, vacation, overtime and military leave.

Should the trainee have questions about the Records Agreement, he/she should call (605) 773-4981 and request clarification.

Records Agreement

Training Establishment: John Doe's Garage

Program Name: Mechanic

I, Vincent V. Veteran, understand that I am responsible as
Name of Trainee
the applicant for:

1. Proper accounting and filing of monthly work records. See Reference on page 17. VA, On - The - Job Training Application handbook.
2. Proper accounting and filing of the three month reports. See Reference on page 19. VA, On - The - Job Training Application handbook.
3. A photocopy of the original enrollment certification and copies of monthly certifications must be filed in the firm's program file.
4. The firm's program file is not to be removed from the firm should the trainee terminate or complete the program.
5. The file is to be kept at the firm for three years after completion or termination of the training program.
6. I will report to the South Dakota State Approving Agency any changes that would affect my status. See Reference on page 6. VA, On - The - Job Training Application handbook.
7. I understand only actual program hours worked will be certified to the Veterans Administration. Examples of hours not eligible are: sick leave, vacation, overtime and military leave.

Vincent V. Veteran

Signature of above-named individual

3/8/08

Date

Receiving benefits under the “GI Bill” can be thought of as a **two step process**. The first step is to have the program of education or training **approved** by the appropriate State Approving Agency. The second step is for the trainee to **make application** to the VA for educational benefits. Applying to the VA for benefits involves the determination of eligibility for the trainee.

At this point, step one is complete. Theoretically, the firm and their program are approved. Now the trainee should apply for their benefits from the VA in St Louis, Missouri. The trainee must contact the veteran service officer for an appointment to complete the application process.

VA Form 22-1990

The VA Form 22-1990 “Application for VA Education Benefits” is the application for a trainee who **has not used** any of their benefits. The trainee should complete all items as appropriate. Be sure to sign the form.

OJT/APPRENTICESHIP EXAMPLE

OMB Control No. 2900-0154
Respondent Burden: 1 hour

Department of Veterans Affairs

APPLICATION FOR VA EDUCATION BENEFITS

(See attached Information and Instructions)

INTERNET VERSION AVAILABLE - You may complete and send your application over the Internet at: www.gibill.va.gov**PART I - APPLICANT AND BENEFIT INFORMATION**
(All Applicants Must Complete This Part)

1A. NAME OF APPLICANT (First, Middle, Last) Vincent V. Veteran			VA DATE STAMP (Do Not Write In This Space)	
1B. SOCIAL SECURITY NUMBER OF APPLICANT 777-33-4444	1C. VA FILE NUMBER (If previously assigned)			
2A. APPLICANT'S ADDRESS (Number, street or rural route, city or P.O., State and ZIP Code) (Please provide 9 digit ZIP code if known) 222 Beach Street Huron, SD 57350				
2B. SEX OF APPLICANT <input checked="" type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2C. APPLICANT'S DATE OF BIRTH February 24, 1974	2D. APPLICANT'S E-MAIL ADDRESS vincentveteran@yahoo.com	3. APPLICANT'S TELEPHONE NUMBER (Include Area Code)	
			A. DAY (605) 352-1111	B. EVENING (605) 352-6666
4. DESCRIPTION OF VA EDUCATION PROGRAMS (Check (<input checked="" type="checkbox"/>) the box next to each benefit you wish to apply for)				
A. MONTGOMERY GI BILL EDUCATIONAL ASSISTANCE PROGRAM (title 38, U. S. C., chapter 30). If you served or are currently serving on active duty, you may be eligible to receive this benefit. Check the box to the right if you: <ul style="list-style-type: none"> entered active duty for the first time after June 30, 1985, OR were eligible to receive Vietnam Era Veterans' Educational Assistance (title 38, U.S.C., chapter 34) benefits on December 31, 1989, OR were discharged under one of the qualifying separation programs shown in the instructions, OR were a participant under the Post-Vietnam Era Veterans' Educational Assistance program commonly referred to as VEAP (title 38, U.S.C., chapter 32) and elected this benefit during one of the open window periods shown in the instructions. 				<input checked="" type="checkbox"/>
B. MONTGOMERY GI BILL - SELECTED RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U. S. C., chapter 1606). This benefit is based on Selected Reserve service (Reserve or National Guard). Check the box to the right if you had at least a six-year reserve obligation after June 30, 1985. (NOTE: Department of Defense (DoD) determines eligibility for this program)				<input type="checkbox"/>
C. RESERVE EDUCATIONAL ASSISTANCE PROGRAM (title 10, U.S.C., chapter 1607). This benefit is for a Reservist called to active duty to support contingency operations. Check the box to the right if you were called to active duty to support contingency or other specific operations. (NOTE: Department of Defense (DoD) determines eligibility for this program)				<input type="checkbox"/>
D. POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM commonly referred to as VEAP, (title 38, U.S.C., chapter 32, or section 903 of Public Law 96-342). Check the box to the right if you: <ul style="list-style-type: none"> served on active duty at any time from January 1, 1977 through June 30, 1985, AND either contributed funds or had your service branch make contributions for you. 				<input type="checkbox"/>
E. NATIONAL CALL TO SERVICE PROGRAM (title 10, U.S.C., chapter 31, section 510). Check the box to the right if you: <ul style="list-style-type: none"> entered on or after October 1, 2003 under the National Call to Service program, AND selected one of the education incentives provided by that program Check this box to the right only if you've selected one of the two Educational Allowance Incentive options. (If you checked this box, be sure to complete Part IV)				<input type="checkbox"/>
F. THE "TRANSFER OF ENTITLEMENT" PROGRAM (title 38, U.S.C., chapter 30, section 3020). Check the box to the right if you: <ul style="list-style-type: none"> are a spouse or child of a person who qualified for the Montgomery GI Bill Educational Assistance Program (chapter 30), AND believe that your parent or spouse transferred entitlement to you (If you checked this box, be sure to complete Part V)				<input type="checkbox"/>

VA FORM
MAY 2005

22-1990

SUPERSEDES VA FORM 22-1990, SEP 2003,
WHICH WILL NOT BE USED.

PAGE 1 OF 6

5. DIRECT DEPOSIT INFORMATION Please send a voided personal check or provide the following information. Direct Deposit is not available for the Post-Vietnam Era Veterans' Educational Assistance Program (Chapter 32)		
A. TYPE OF ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> I DO NOT HAVE AN ACCOUNT		
B. NAME OF FINANCIAL INSTITUTION National Bank	C. 9 DIGIT ROUTING OR TRANSIT NUMBER 527 00 11 333	D. ACCOUNT NUMBER 666 333 444111
6. TYPE OF VA EDUCATION BENEFITS PREVIOUSLY APPLIED FOR? (Check all applicable boxes) <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> A. VETERAN'S EDUCATION BENEFITS (Any of the VA benefits shown in Item 4) (Specify benefit _____) </div> <div style="width: 48%;"> <input type="checkbox"/> B. PREVIOUS VETERAN'S EDUCATION BENEFITS (Specify benefit _____) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> C. VOCATIONAL REHABILITATION BENEFITS (Chapter 31) </div> <div style="width: 48%;"> <input type="checkbox"/> D. DEPENDENTS' EDUCATIONAL ASSISTANCE BENEFITS (Chapter 35) (Complete Items 7A and 7B) </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> E. OTHER (Specify benefit _____) </div> <div style="width: 48%;"> <input checked="" type="checkbox"/> F. NONE </div> </div>		
NOTE - COMPLETE ITEMS 7A AND 7B ONLY IF YOU CHECKED ITEM 6D		
7A. NAME OF PARENT/SPOUSE (See Instructions)	7B. FILE NUMBER OF PARENT/SPOUSE (See Instructions)	
8. HAVE YOU RECEIVED AN INFORMATION PAMPHLET EXPLAINING THE EDUCATION BENEFIT OR BENEFITS YOU ARE APPLYING FOR? (See Instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO		
9. PROGRAM OF EDUCATION OR TRAINING		
A. DO YOU KNOW YOUR EDUCATIONAL OR CAREER GOAL? (If you know this goal, please specify. If you do not know your goal, check "No" then skip to Item 9C.) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Journeyman Electrician		
B. HAVE YOU SELECTED A SPECIFIC PROGRAM OF EDUCATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," list below each diploma, vocational course, job training program, or test you need to reach your educational or career goal that you indicated in Item 9A). If you have not selected a program, leave this item blank.) Apprenticeship Electrician		
C. EDUCATION OR TRAINING WILL BE BY (Check more than one if necessary) <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> COLLEGE OR OTHER SCHOOL </div> <div style="width: 30%;"> <input type="checkbox"/> CORRESPONDENCE COURSE </div> <div style="width: 30%;"> <input type="checkbox"/> TUITION ASSISTANCE TOP-UP </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> I SEEK REIMBURSEMENT FOR A LICENSING OR CERTIFICATION TEST </div> <div style="width: 30%;"> <input checked="" type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 30%;"> <input type="checkbox"/> NATIONAL ADMISSIONS EXAMS OR NATIONAL EXAMS FOR CREDIT </div> <div style="width: 30%;"> <input type="checkbox"/> VOCATIONAL FLIGHT TRAINING </div> </div>		
D. HAVE YOU SELECTED YOUR SCHOOL OR TRAINING ESTABLISHMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If you have selected a school, check "Yes," and specify its complete name and mailing address. If you have not selected a school, check "No.") If you are applying for reimbursement of test fees, don't answer this question. Skip to Item 10.)	E. Complete Name and Address of School (Complete street address, city, state and ZIP code) ABS Electric, Inc. PO Box 666 Huron, SD 57350	
F. DO YOU KNOW THE DATE YOU WILL BEGIN YOUR SCHOOLING OR TRAINING? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If you do know this date, check "Yes." Specify this date in Item 9G. If you do not know this date check "No.")	G. Date (Month, Year) of anticipated beginning school or training May 5, 2006	
H. DO YOU PLAN TO REPEAT ANY COURSE FOR WHICH YOU RECEIVED CREDIT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," write in Item 9I the name of the course, when you originally took this course, and why you plan to repeat it.)	I. Information about repeated course	

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NOTE - COMPLETE ONLY IF YOU ARE A CIVILIAN EMPLOYEE OF THE U.S. GOVERNMENT

If you are on active military duty, skip question 10.

10. DO YOU EXPECT TO RECEIVE FUNDS FROM YOUR AGENCY OR DEPARTMENT FOR THE SAME COURSE(S) FOR WHICH YOU EXPECT TO RECEIVE VA EDUCATIONAL ASSISTANCE?

☐ YES ☒ NO (If "Yes," show the source of these funds)

Source of educational assistance from government employment:

NOTE - COMPLETE ITEM 11 ONLY IF YOU ARE ON ACTIVE DUTY

11. ARE YOU RECEIVING, OR DO YOU ANTICIPATE RECEIVING, ANY MONEY (including but not limited to Federal Tuition Assistance) FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE FOR THE COURSE FOR WHICH YOU HAVE APPLIED TO VA FOR EDUCATION BENEFITS? IF YOU WILL RECEIVE SUCH BENEFITS, CHECK "YES" AND GIVE COMPLETE DETAILS INCLUDING THE SOURCE OF THE FUNDS. NOTE: IF YOU ARE ONLY APPLYING FOR TUITION ASSISTANCE TOP-UP, CHECK "NO"

☐ YES ☒ NO

Details of educational assistance from the military:

12. EDUCATION AND EMPLOYMENT INFORMATION

A. DID YOU GRADUATE FROM HIGH SCHOOL? (If "Yes," write the date you graduated next to "Yes," and skip to Item 12C. If "No," complete Item 12B)

☒ YES Date May 26, 1992 ☐ NO

B. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, DO YOU HAVE A HIGH SCHOOL EQUIVALENCY CERTIFICATE? (If "Yes," write the date you completed the requirements for this certificate in the space provided. If "No," go to Item 12C)

☐ YES Date _____ ☒ NO

C. EDUCATION AFTER HIGH SCHOOL (INCLUDE ALL APPRENTICESHIP, ON-THE-JOB TRAINING, AND FLIGHT TRAINING) (See Instructions)

NAME AND LOCATION OF COLLEGE OR OTHER TRAINING PROVIDER (Include City and State)	DATES OF TRAINING		NUMBER OF SEMESTER, QUARTER OR CLOCK HOURS COMPLETED	DEGREE, DIPLOMA, OR CERTIFICATE RECEIVED	MAJOR FIELD OR COURSE OF STUDY
	FROM	TO			
None					

D. DO YOU HOLD ANY FAA FLIGHT CERTIFICATES? (If "Yes," list each certificate)

☐ YES ☒ NO

EMPLOYMENT (Complete ONLY if you served in the military)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
E. Before Entering Military Service	Student	48	None
F. After Leaving Military Service	Construction Worker	24	None

PART II - SERVICE INFORMATION (All applicants must complete this part)

13. ACTIVE DUTY INFORMATION

A. ARE YOU NOW ON ACTIVE DUTY OR FULL-TIME NATIONAL GUARD DUTY? (Send us a copy of your orders, if authority for full-time National Guard duty is title 32, U.S.C.)

☐ YES ☒ NO

B. ARE YOU NOW ON TERMINAL LEAVE BEFORE DISCHARGE? (If yes, please provide the date you began your terminal leave)

☐ YES ☒ NO

Date leave began: _____ Date of expected discharge: _____

14. INFORMATION ABOUT YOUR PERIODS OF ACTIVE DUTY

Please complete Items 14A through 14f for *each period* of your active duty. It will help VA process your claim if you send a copy of your DD 214 (copy 4) for *each period* of active service. (Don't report any Active Duty for Training)

A. DATE ENTERED ACTIVE DUTY	B. DATE SEPARATED FROM ACTIVE DUTY	C. BRANCH OF SERVICE OR RESERVE OR GUARD COMPONENT	D. CHARACTER OF DISCHARGE	E. WERE YOU INVOLUNTARILY CALLED TO ACTIVE DUTY FOR THIS PERIOD? (If "Yes," send copies of your orders)		F. IF THIS ACTIVE DUTY IS NATIONAL GUARD DUTY, INDICATE IF AUTHORITY IS TITLE 10 (Federal) OR TITLE 32 (State). (Send copies of any orders)
				YES	NO	
12/31/1994	12/30/2004	U. S. Army	Honorable		X	

You should specify in Item 22, Remarks, any periods of active duty which reflect:

- Full time assignment by a service department to a civilian school for a course of education substantially the same as established courses for civilians;
- Attendance at a service academy; or
- Non-creditable time - (time lost because of industrial or agricultural furlough, arrest without acquittal, being AWOL, desertion, sentence of court-martial, etc.)

15. DO YOU ALSO HAVE ANY PERIODS OF RESERVE OR NATIONAL GUARD SERVICE THAT ARE NOT ACTIVE DUTY?

☐ YES ☐ NO (If "Yes," complete information about this service in Item 16. If "No," skip to Item 17)

16. PERIODS OF RESERVE OR NATIONAL GUARD SERVICE (NOT ACTIVE DUTY)

A. ARE YOU NOW IN THE RESERVE OR NATIONAL GUARD?

☐ YES ☒ NO

INFORMATION TO COMPLETE ITEM 16E:

- Place "SR" in Item 16E for each period of reserve service if you were in the Selected Reserve (drilling status).
- Place "IRR" in Item 16E for each period of reserve service if you were in the Individual Ready Reserve.
- Place "IMA" in Item 16E for each period of reserve service if you were in the Individual Mobilization Augmentation.

B. DATE ENTERED RESERVE OR GUARD	C. DATE SEPARATED FROM RESERVE OR GUARD (If applicable)	D. RESERVE OR GUARD COMPONENT	E. RESERVE STATUS (See abbreviations above)

F. DO YOU QUALIFY FOR A "KICKER" BASED ON YOUR RESERVE ENLISTMENT? ("Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Reserve or National Guard forces, usually in specialized areas.) (IF YOU QUALIFY FOR A RESERVE "KICKER," CHECK "YES." IT MAY HELP IF YOU SEND VA A COPY OF THE "KICKER" CONTRACT)

☐ YES ☒ NO

G. COMPLETE ONLY IF YOU ARE APPLYING FOR CHAPTER 1606 (you checked Item 4B). IF YOU ARE PARTICIPATING IN A SENIOR ROTC SCHOLARSHIP PROGRAM, DOES THAT PROGRAM PAY FOR YOUR TUITION, FEES, BOOKS AND SUPPLIES UNDER TITLE 10, U.S.C., SECTION 2107? (Do not include monthly subsistence allowance)

☐ YES ☐ NO

PART III - MONTGOMERY GI BILL QUESTIONS
(Complete this part only if you are applying for chapter 30 benefits)

QUESTIONS	YES (✓)	NO (✓)
17A. DID YOU MAKE ADDITIONAL CONTRIBUTIONS WHILE ON ACTIVE DUTY (Sometimes referred to as "Buy-up") TO INCREASE THE AMOUNT OF MONTHLY MGIB BENEFITS PAYABLE? (If you made any additional contributions, you must check "YES" and send us a copy of the receipt of lump sum contribution or a copy of your Leave and Earnings Statement showing these additional contributions.		✓
17B. IF YOU SERVED A PERIOD OF ACTIVE DUTY THAT THE DEPARTMENT OF DEFENSE COUNTS FOR PURPOSES OF REPAYING AN EDUCATION LOAN, PLEASE SHOW THE DATES OF THAT PERIOD OF ACTIVE DUTY: From _____ To _____		✓
17C. DO YOU HAVE A DoD CONTRACT TO RECEIVE A "KICKER"? (Some military services call this the "college fund." "Kickers" are amounts contributed by DoD to an education fund on behalf of individuals to encourage enlistment or retention in the Armed forces, usually in specialized areas. If you qualify for a "kicker", check "Yes." It may help if you send us a copy of your kicker contract.	✓	
COMMISSIONED OFFICER QUESTIONS		
18A. DID YOU GRADUATE FROM A MILITARY SERVICE ACADEMY (e.g., West Point, Naval Academy, etc.)? (If "Yes," specify the month and year you graduated and received your commission) Graduation month and year: _____		✓
18B. WERE YOU COMMISSIONED AS THE RESULT OF PARTICIPATING IN A SENIOR ROTC (Reserve Officers Training Corps) SCHOLARSHIP PROGRAM? (If "Yes," show the date of your commission and the amount of your scholarship for each school year you were in the Senior ROTC program. Don't report your monthly subsistence allowance. If you received your commission through a Senior ROTC (non-scholarship) program, check "No.") Commission date: _____ Scholarship Amounts: Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____ Year: _____ Amount: _____		✓

MARITAL AND DEPENDENCY STATUS

NOTE: COMPLETE THIS ITEM ONLY IF YOU CHECKED ITEM 4A AND HAVE MILITARY SERVICE BEFORE JANUARY 1, 1977 (or delayed entry before January 2, 1978). See Instructions.

QUESTIONS	YES	NO
19A. ARE YOU CURRENTLY MARRIED?	-----	-----
19B. DO YOU HAVE ANY CHILDREN WHO ARE:		
(1) UNDER AGE 18? <u>OR</u>	-----	-----
(2) OVER 18 BUT UNDER AGE 23, NOT MARRIED AND ATTENDING SCHOOL? <u>OR</u>	-----	-----
(3) OF ANY AGE AND PERMANENTLY INCAPABLE OF SELF-SUPPORT DUE TO MENTAL OR PHYSICAL DISABILITY?	-----	-----
19C. IS EITHER YOUR FATHER OR MOTHER DEPENDENT UPON YOU FOR FINANCIAL SUPPORT?	-----	-----

PART IV - NATIONAL CALL TO SERVICE QUESTIONS

(Complete this part only if you are applying for this benefit)

20A. DID YOU SIGN AN ENLISTMENT CONTRACT WITH THE DEPARTMENT OF DEFENSE FOR THE NATIONAL CALL TO SERVICE PROGRAM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20B. DID YOU RECEIVE AN EDUCATIONAL ALLOWANCE INCENTIVE OPTION? (If "Yes," check the block in Item 20C that identifies the option you received) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
20C. WHICH VA EDUCATIONAL ALLOWANCE INCENTIVE OPTION DID YOU ELECT? (Check only one block below) <div style="display: flex; justify-content: space-between;"> <div><input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 12 MONTHS OF MONTGOMERY GI BILL BENEFITS (3-year rate)</div> <div><input type="checkbox"/> EDUCATIONAL ALLOWANCE OF UP TO 36 MONTHS OF MONTGOMERY GI BILL BENEFITS (1/2 the 2-year rate)</div> </div>

NOTE: National Call to Service applicants must furnish VA a copy of DD Form 2863 (National Call to Service (NCS), Election of Options). This form is needed to document your eligibility and to confirm your incentive option.

PART V - TRANSFER OF ENTITLEMENT QUESTIONS*(Complete this part only if you are applying for this benefit)*

NOTE: This benefit requires (1) that the veteran's branch of military service authorized the veteran to transfer MGIB entitlement to his or her dependents, and (2) the veteran, in writing, transferred his or her current education benefits to you (specifying you by name).

IMPORTANT: Only a spouse, surviving spouse, or child of a veteran who has transferred entitlement should complete this information.

21A. WHAT IS YOUR RELATIONSHIP TO THE VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU?

☐ SPOUSE ☐ SURVIVING SPOUSE ☐ CHILD

IMPORTANT: If you checked your relationship as a spouse or child, have the veteran complete and send us VA Form 21-686c. See Instructions.

21B. VETERAN OR SERVICE MEMBER'S NAME (First, Middle, Last)

21C. VETERAN OR SERVICE MEMBER'S SEX

☐ MALE ☐ FEMALE

21D. ADDRESS OF VETERAN OR SERVICE MEMBER WHO TRANSFERRED ENTITLEMENT TO YOU

21E. VETERAN OR SERVICE MEMBER'S DATE OF BIRTH

21F. VETERAN OR SERVICE MEMBER'S SOCIAL SECURITY NUMBER

EMPLOYMENT (IF NO MILITARY SERVICE)

EMPLOYMENT	PRINCIPAL OCCUPATION	NUMBER OF MONTHS IN THAT OCCUPATION	LICENSE OR RATING
21G. JOB 1 (Since leaving high school)			
21H. JOB 2 (Since leaving high school)			

22. REMARKS (Use this space to provide information that does not fit elsewhere on this form or that will help VA process your claim. Refer to the item numbers on this form to help us match your answers to the correct questions. If more space is needed, please attach separate sheets of paper. Be sure to place your name and social security number on each additional page.)

PART VI - CERTIFICATION AND SIGNATURE OF APPLICANT*(All applicants must complete this part)*

I CERTIFY THAT all statements in my application are true and correct to the best of my knowledge and belief.

PENALTY - Willful false statements as to a material fact in a claim for education benefits is a punishable offense and may result in the forfeiture of these or other benefits and in criminal penalties.

23A. FULL NAME OF APPLICANT (PRINTED)

Vincent V. Veteran

23B. SIGNATURE OF APPLICANT (Do NOT Print)) (Minor children must also have their parent or guardian sign in this item)

SIGN HERE IN INK

► *Vincent V. Veteran*

23C. DATE SIGNED

June 1, 2006

PART VII - CERTIFICATION FOR APPLICANTS ON ACTIVE DUTY*(Have your Education Officer complete this part only if you are currently on active duty. This signature is not needed if you are on terminal leave)*

I CERTIFY THAT this individual is a member of the branch of the Armed Forces shown below and has consulted with me regarding his/her education program.

24A. SIGNATURE, TITLE AND BRANCH OF SERVICE OF ARMED FORCES EDUCATION OFFICER

24B. DATE SIGNED

This page is blank intentionally.

VA FORM 22-1995

If benefits have been used previously, then the trainee ***will use*** VA Form 22-1995 “Request for Change of VA Education Program or Place of Training”. The trainee should complete all items as appropriate. Be sure to sign the form.

OJT/APPRENTICESHIP EXAMPLE

OMB Approved No. 2900-0074
Respondent Burden: 12 minutes

Department of Veterans Affairs		REQUEST FOR CHANGE OF PROGRAM OR PLACE OF TRAINING <i>For Veterans, Servicepersons, & Members of the Selected Reserve</i>	
IMPORTANT: Please read the attached instructions <u>before</u> completing this form. Please type or use ink to complete the form. If you need more space, use the back of this form and write the item number next to your answer.		1. VA FILE NUMBER AND/OR SOCIAL SECURITY NUMBER <div style="text-align: center; font-weight: bold;">345-67-8901</div>	
2. FIRST-MIDDLE-LAST NAME OF APPLICANT <div style="text-align: center; font-weight: bold;">Vincent V. Veteran</div>	3A. HOME TELEPHONE NO. <i>(Include Area Code)</i> <div style="text-align: center; font-weight: bold;">(605) 224-8899</div>	3B. WORK TELEPHONE NO. <i>(Include Area Code)</i> <div style="text-align: center; font-weight: bold;">None</div>	
4. MAILING ADDRESS <i>(No. and address or rural route, city or P.O., State and ZIP Code)</i> <div style="text-align: center; font-weight: bold;">666 Burke Drive Pierre, SD 57501</div>		5. ANSWER ONLY IF YOU'RE A FEDERAL GOVERNMENT EMPLOYEE: DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS UNDER THE GOVERNMENT EMPLOYEE'S TRAINING ACT FOR THE SAME TIME YOU WILL RECEIVE VA EDUCATION BENEFITS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
YOUR PROGRAM			
6. WHAT EDUCATION, PROFESSIONAL OR VOCATIONAL GOAL ARE YOU WORKING TOWARD? <i>(Highest degree or occupation)</i> <div style="text-align: center; font-weight: bold;">Journeyman Mechanic</div>		7. WHAT'S THE NAME OF THE PROGRAM YOU'RE REQUESTING? <i>(Specific degree, major, certificate, diploma)</i> <div style="text-align: center; font-weight: bold;">Apprenticeship Mechanic</div>	
8. HOW WILL YOU TAKE THIS TRAINING? <input type="checkbox"/> SCHOOL ATTENDANCE <input checked="" type="checkbox"/> APPRENTICESHIP OR ON-THE-JOB TRAINING <input type="checkbox"/> INDEPENDENT STUDY DISTANCE LEARNING/INTERNET <input type="checkbox"/> CORRESPONDENCE <input type="checkbox"/> COOPERATIVE TRAINING <input type="checkbox"/> FLIGHT TRAINING			
9A. NAME AND ADDRESS OF YOUR NEW SCHOOL OR TRAINING ESTABLISHMENT <i>(Include city, State, and ZIP Code)</i> <div style="text-align: center; font-weight: bold;">John Doe's Garage, Main Street, Anywhere, SD 57000</div>		9B. NAME AND ADDRESS OF YOUR OLD SCHOOL OR TRAINING ESTABLISHMENT <i>(Include city, State, and ZIP Code)</i> <div style="text-align: center; font-weight: bold;">Capital University Center; PO Box 600; Pierre, SD 57501</div>	
10. TELL US WHEN AND WHY YOU STOPPED TRAINING AT YOUR PRIOR SCHOOL OR ESTABLISHMENT. <div style="display: flex; justify-content: space-around; font-weight: bold;"> December 20, 2000 Better Vocational Opportunity </div>			
CURRENT DEPENDENCY INFORMATION			
ANSWER ONLY IF YOU'RE RECEIVING CHAPTER 30 (MGIB) BENEFITS AND SERVED ON ACTIVE DUTY BEFORE JANUARY 2, 1978.			
11A. ARE YOU CURRENTLY MARRIED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		12. HOW MANY DEPENDENT CHILDREN DO YOU CLAIM? <div style="text-align: center; font-weight: bold;">None</div>	
11B. SPOUSE'S NAME <div style="text-align: center;">-----</div>		13. DO YOU CLAIM ANY PARENTS AS DEPENDENTS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
CURRENT ACTIVE DUTY INFORMATION			
14. ARE YOU NOW ON ACTIVE DUTY? <input type="checkbox"/> YES <i>(IF "YES," GIVE DATE ACTIVE DUTY BEGAN)</i> _____ <input checked="" type="checkbox"/> NO <i>(IF "NO," GO TO ITEM 16A)</i>			
15. DO YOU EXPECT TO RECEIVE EDUCATIONAL BENEFITS FROM THE ARMED FORCES OR PUBLIC HEALTH SERVICE DURING ANY PART OF YOUR TRAINING? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (BE SURE TO HAVE YOUR EDUCATION SERVICE OFFICER COMPLETE ITEM 17.)			
CERTIFICATION AND SIGNATURE OF APPLICANT			
I HEREBY CERTIFY THAT all my statements on this form are true and complete to the best of my knowledge and belief.			
PENALTY: Willful false statements as to a material fact in a claim for educational benefits is a punishable offense and may result in forfeiture of these and other benefits, and in criminal penalties.			
16A. SIGNATURE OF APPLICANT <i>(Do Not Print)</i> <div style="text-align: center; font-weight: bold; font-family: cursive;">Vincent V. Veteran</div>		16B. DATE SIGNED <div style="text-align: center; font-weight: bold; font-family: cursive;">3/05/2006</div>	
CERTIFICATION NEEDED FOR PERSONS ON ACTIVE DUTY			
(THIS ITEM DOESN'T APPLY TO SELECTED RESERVISTS OR VETERANS NOT ON ACTIVE DUTY.)			
I CERTIFY THAT this individual is a member of the Armed Forces and has consulted with me regarding his or her education program.			
17A. SIGNATURE, TITLE, AND BRANCH OF SERVICE OF EDUCATION SERVICE OFFICER <div style="text-align: center; font-weight: bold; font-size: 1.2em;">(Do Not Complete Unless on Active Duty)</div>		17B. DATE SIGNED	

VA FORM 22-1999

This form is the “Enrollment Certification”. The trainee needs to complete item 3. The firm’s certifying official needs to complete items 11, 12A, and 12D. All other sections of this form **do not need** to be completed.

It would be **very beneficial** for the trainee to work through the local Veterans Service officer. They can obtain both the forms and assistance through this veteran service professional.

OJT/APPRENTICESHIP EXAMPLE

NOTE: Tear off and read the Instruction and Certification Sheet before completing the form.

OMB Control No. 2900-0073
Respondent Burden: 10 minutes

Department of Veterans Affairs		Side B																		
ENROLLMENT CERTIFICATION FOR APPRENTICESHIP OR OTHER ON-THE-JOB, FLIGHT, OR CORRESPONDENCE TRAINING <small>(Under Chapters 30, 32, or 35, Title 38, U.S.C.; Chapter 1606, Title 10, U.S.C.; or Sections 901 or 903 of Public Law 96-342)</small>																				
IMPORTANT - COMPLETE ONLY ONE SIDE OF THIS FORM. Complete this side ONLY if you are certifying Apprenticeship, Other On-The-Job, Flight, or Correspondence training as shown in Item 5. (Use the reverse side for other types of training.) Pull out carbon and reverse before completing this side of the form. Ensure that VA Copy 1 is on top.																				
1. NAME OF STUDENT (First, Middle, Last) Vincent V. Veteran		2. VA FILE NO. (For chapter 35, include suffix. For chapter 30 transferability cases, enter the veteran's social security number) C-123-456-7891																		
3. CURRENT ADDRESS OF STUDENT PO Box 32 Anywhere, SD 57000		4. SOCIAL SECURITY NUMBER OF STUDENT (If not entered in Item 2 above) 123-45-6789																		
5. TYPE OF TRAINING <input type="checkbox"/> FLIGHT TRAINING <input type="checkbox"/> CORRESPONDENCE <input checked="" type="checkbox"/> APPRENTICESHIP OR OTHER ON-THE-JOB		6. NAME OF PROGRAM Mechanic 7. CREDIT FOR PREVIOUS TRAINING (Not Flight) None																		
VOCATIONAL FLIGHT TRAINING (Chapters 30, 32, and 1606) (See Instructions)																				
8A. CREDIT ALLOWED FOR PREVIOUS EDUCATION AND TRAINING <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DUAL</td> <td style="width: 25%;">SOLO</td> <td style="width: 25%;">GROUND SCHOOL</td> <td style="width: 25%;">CERTIFICATES AND RATINGS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>		DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS					8B. DATE TRAINING BEGAN IN CURRENT COURSE 8C. NUMBER OF HOURS/UNITS OF INSTRUCTION IN CURRENT COURSE <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">DUAL</td> <td style="width: 25%;">SOLO</td> <td style="width: 25%;">GROUND SCHOOL</td> <td style="width: 25%;">PRE- AND POST FLIGHT</td> <td style="width: 25%;">OTHER</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	DUAL	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	OTHER					
DUAL	SOLO	GROUND SCHOOL	CERTIFICATES AND RATINGS																	
DUAL	SOLO	GROUND SCHOOL	PRE- AND POST FLIGHT	OTHER																
		8D. TOTAL CHARGES \$																		
CORRESPONDENCE TRAINING (Chapters 30, 32, 35 (Spouses and Surviving Spouses) and 1606)																				
IMPORTANT - A signed VA Form 22-1999c, Certificate of Affirmation of Enrollment Agreement, MUST be signed by this student and accompany this certification form before payment may be authorized by VA for a correspondence course.																				
9A. DATE FIRST LESSON SENT TO STUDENT	9B. NUMBER OF LESSONS FOR WHICH STUDENT IS ENROLLED	9C. CHARGE PER LESSON TO STUDENT																		
		9D. WERE ANY LESSONS SERVICED BEFORE THE DATE ENTERED IN ITEM 9A? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," show lesson number and date serviced in Item 11, "Remarks.")																		
APPRENTICESHIP AND OTHER ON-THE-JOB TRAINING																				
IMPORTANT - A signed copy of the training agreement outlining the training program and wage scale as approved by the State Approving Agency or VA, or for apprentices, any document signed by the trainee incorporating this agreement by reference must be attached to this form. (Show monthly number of hours worked to date in Item 11, "Remarks.")																				
10A. TRAINING DATES (Month, Day, Year) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">BEGINNING</td> <td style="width: 50%;">ENDING</td> </tr> <tr> <td>3/5/2006</td> <td>3/4/2008</td> </tr> </table>		BEGINNING	ENDING	3/5/2006	3/4/2008	10B. TYPE OF TRAINING <input type="checkbox"/> APPRENTICESHIP <input checked="" type="checkbox"/> OTHER-ON-THE-JOB														
BEGINNING	ENDING																			
3/5/2006	3/4/2008																			
		10C. NUMBER OF HOURS TRAINEE IS EMPLOYED PER WEEK IN TRAINING PROGRAM 40 HRS.																		
		10D. NUMBER OF HOURS IN STANDARD WORK WEEK 40 HRS.																		
11. REMARKS OJT Hours Worked to Date Mar. (5-31) 2006 150 hrs. Apr. 2006 170 hrs. May 2006 155 hrs.																				
NOTE: READ THE CERTIFICATIONS SECTION ON ATTACHED SHEET BEFORE COMPLETING ITEMS 12A THROUGH 12E BELOW.																				
CERTIFICATIONS - The provisions described in paragraphs (1) through (13) on the attached sheet are certified																				
12A. SIGNATURE OF CERTIFYING OFFICIAL <i>John Z. Doe, Owner</i>		12B. SCHOOL NAME AND ADDRESS John Doe's Garage Main Street, Anywhere, SD 57000																		
12C. TELEPHONE NUMBER OF CERTIFYING OFFICIAL (605) 123-4567		12D. DATE SIGNED 6/1/2006																		
		12E. FACILITY CODE 10-0000-41																		

VA FORM
JUN 2004

22-1999

SUPERSEDES VA FORM 22-1999, MAR 2003,
WHICH WILL NOT BE USED.

VA COPY 1

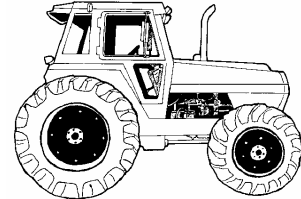
LETTERHEAD STATIONARY

This letter can be used to **certify** the hours worked when the trainee is applying for their benefits or anytime during the program to **certify** hours worked.

JOHN DOE'S

GARAGE

Main Street
Anywhere, SD 57000
(605)123-4567



Date June 3, 2006

Name: Vincent Veteran
SS# : 123-45-6789
Job Title: Mechanic

Dear Sirs:

This is to certify the hours of OJT at our firm for Mechanic, which have been completed for the following months:

March	2006	184 hours
April	2006	164 hours
May	2006	168 hours

John Z. Doe

Employer

Vincent V. Veteran

Employee

6-3-2008

MONTHLY CERTIFICATION FORM

This form will be **received** by the trainee each month, after their initial claim for benefits has been approved by the Veterans Administration.

At the end of the month, the trainee should bring this form to their **certifying official** to be signed. The trainee also signs the form and mails it to State Approving Agency. If this form is not submitted, the educational benefit payments will be **interrupted**.

We advise the firm's certifying official **not to sign** this form until the monthly work record is received from the trainee and placed on file at the firm.



MONTHLY CERTIFICATION OF ON-THE-JOB AND APPRENTICESHIP TRAINING

PAYEE	
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	TYPE TRAINING
1.	1. The first training session was held on Monday, January 1st, at 9:00 AM. It was attended by all members of the team.
2.	2. The second training session was held on Tuesday, January 2nd, at 10:00 AM. It was attended by all members of the team.
3.	3. The third training session was held on Wednesday, January 3rd, at 11:00 AM. It was attended by all members of the team.
4.	4. The fourth training session was held on Thursday, January 4th, at 12:00 PM. It was attended by all members of the team.
5.	5. The fifth training session was held on Friday, January 5th, at 1:00 PM. It was attended by all members of the team.
6.	6. The sixth training session was held on Saturday, January 6th, at 2:00 PM. It was attended by all members of the team.
7.	7. The seventh training session was held on Sunday, January 7th, at 3:00 PM. It was attended by all members of the team.
8.	8. The eighth training session was held on Monday, January 8th, at 4:00 PM. It was attended by all members of the team.
9.	9. The ninth training session was held on Tuesday, January 9th, at 5:00 PM. It was attended by all members of the team.
10.	10. The tenth training session was held on Wednesday, January 10th, at 6:00 PM. It was attended by all members of the team.

OJT - Chap 30

DO NOT Complete, date, or sign before the last date of period to be certified.

Read the instructions carefully. You and the employer should complete, date, and sign this form on or after the last day of the last month shown in Item 1. If form is destroyed or lost ask VA for another form.

ITEMS 1 AND 2 - Enter the number of hours worked for each month shown. (Include any hours of related training given during working hours.)

ITEM 3 - Check the appropriate box, and if training has been terminated, complete Items 4 and 5. If you have attained the complete job skills for your job (a "journeyman" knowledge and skills), show this information in Item 5.

ITEMS 6A, 6B, AND 6C - Check the appropriate box. If you received a wage increase (or decrease) not in accordance with your training agreement, show your new wage rate and the effective date (when you first received this wage rate) of that wage rate.

ITEM 7 - Use Item 7, Remarks, to show any additional information concerning your wage. If you are receiving additional educational allowance for dependents, also use this item to report any change in the number of your dependents.

ITEMS 8A and 8B - Sign and date the form. Then, give the form to your employer or an authorized official of your training establishment for verification.

CHANGE OF ADDRESS - If you are changing your address permanently, neatly line out the preprinted address shown above. Then, print your new address in the remaining space. Be sure to include your ZIP Code.

NOTE—If an QJT trainee is receiving the journeyman wage, the trainee is no longer entitled to VA educational benefits. You must immediately notify the VA. An apprenticeship trainee is not normally entitled to received educational benefits after reaching the journeyman wage either; however, there are some exceptions, such as training on a Davis-Bacon job, or a job in a geographic location that has a different wage scale. If you have any questions, call VA toll-free at 1-888-GI-BILL-1 (1-888-442-4551). If you are hearing impaired, call us toll-free at 1-800-829-4833.

Please verify the number of hours worked and other information reported by the trainee with the payroll records. Please report any differences in Items 6 and/or 7.

Also use Item 7 if the trainee's conduct or progress is unsatisfactory.

ITEMS 9A and 9B - Sign and date the form. Then return it to the VA office shown above.

1. MONTH(S) TO BE CERTIFIED	2. NO. OF HOURS WORKED FOR EACH MONTH SHOWN IN ITEM 1	3. WAS TRAINEE ENROLLED IN AND PURSUING THE APPROVED PROGRAM FOR THE MONTH(S) SHOWN IN ITEM 1? (If "No," complete Items 4 and 5)	4. DATE TERMINATED (Mo., day, yr.)	
March (5-31), 2006	176	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 5. REASON FOR TERMINATION		
April, 2006	220			
May, 2006	196			
		6A. IS WAGE RATE IN ACCORDANCE WITH TRAINING AGREEMENT? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," complete Items 6B and 6C)	6B. RATE	6C. EFFECTIVE DATE
7. REMARKS				

I CERTIFY THAT the previous statements are true and correct to the best of my knowledge and belief.

PENALTY - Willful false reports concerning benefits payable by VA may result in fines or imprisonment or both.

8A. SIGNATURE OF TRAINEE

SIGNATURE OF TRAINEE
Vincent V. Veteran

8B. DATE	
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DATE
June 1, 2006

9A. SIGNATURE AND TITLE OF CERTIFYING OFFICIAL

9B. DATE SIGNED	
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John Z. Doe, Owner

June 1, 2006

CERTIFICATE OF TRAINING

This certificate will be **provided** by the State Approving Agency to the firm at the successful completion of the training program. The firm's certifying official **may present** this certificate to the trainee at that time.

Certificate of Training

THIS IS TO CERTIFY THAT

Vincent V. Veteran

has satisfactorily completed a 24 month

On-The-Job Training Program for

Mechanic

WITH: John Doe's Garage, Anywhere, SD

and is entitled to this Certificate of Training. This program has been approved by the South Dakota State Approving Agency, and is in accordance with the Veteran's Readjustment Benefits Acts of 1966 and 1967, Chapter 36, Title 38, US Code (Public Law 89-358 and 90-77)

John Z. Doe

Supervisor of Training

June 1, 2008

Date

